## POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

37 CFR 3.73(b).  I hereby appoint:  X Practitioners associated with the Customer Number:  OR  Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):  Name  Registration Number  Name  Registration Number  as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).  Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:  X The address associated with Customer Number:  OR  Firm or Individual Name Address  City  State  Zip	I hereby revoke all previous powers of attorney given in the application identified in the attached statement under					
Practitioners associated with the Customer Number:  OR  Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):  Name  Registration Number  Name  Registration Number  as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).  Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:  X  The address associated with Customer Number:  29177  OR	37 CFR 3.73(b).		· · · · · · · · · · · · · · · · · · ·		<u> </u>	
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The address associated with Customer Number:  OR  Firm or Individual Name  Address	any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents					
OR  Firm or Individual Name  Address	Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:					
OR  Firm or Individual Name  Address						
Firm or Individual Name Address	The address associated with Customer Number:					
Individual Name Address	OR					
Address						
City State Zip	Address					
City   City	City	State		7in		
		J. J				
Country						
Telephone Email	Telephone		Email			
A						
Assignee Name and Address: Siemens Aktiengesellschaft						
WITTELSBACHERPLATZ 2						
MUNCHEN, GERMANY 80333						
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be						
filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of						
the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.						
SIGNATURE of Assignee of Record						
The individual whose signature and title is supplied below is authorized to act on behalf of the assignee						
Signature 1. V. Cline 1. V. Hali Date July 2nd, 2007	Signature 1.V. Clive _ 1	V. Hali	1	Date July 2nd	2007	
Name Klinger Hashuber Telephone	Name Klinger	Hashuber				
Title Both authorized officers  This collection of information is considered by 37 CFR 131 132 and 132. The information is required to obtain or retain a horseful by the public which is to 510 (and						

This collection of Information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.